Iowa Sex Offender Treatment and Supervision Task Force

Report to the Iowa General Assembly
January 15, 2007

Staff support to the Iowa Sex Offender Treatment
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The Division of Criminal and Juvenile Justice Planning
Iowa Department of Human Rights
Lucas State Office Building
Des Moines, Iowa 50319

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Preface

Over the last several years, lawmakers have been responding to several highly publicized child abduction, assault, and murder cases. While such cases remain rare in Iowa, the public debates they have generated are having far-reaching effects. Policy makers are responsible for controlling the nature of such effects. Challenges they face stem from the need to avoid primarily politically-motivated responses and the desire to make informed decisions that recognize both the strengths and the limitations of the criminal justice system as a vehicle for promoting safe and healthy families and communities.

Consensus was reached by the Task Force at its first meeting that one of its standing goals is to provide nonpartisan guidance to help avoid or fix problematic sex offense policies and practices. Setting this goal was a response to the concern over what can result from elected officials' efforts to respond to the types of sex offender-related concerns that can easily become emotionally laden and politically charged due to the universally held abhorrence of sex crimes against children.

The meetings of the Task Force and the various work groups it has formed have included some spirited and perhaps emotionally charged discussions, despite the above-stated ground rule. However, as is described in the report, the Task Force's recommendations and plans for further study were approved through consensus. It is hoped that in upcoming legislative deliberations, it will be remembered that the non-legislative members of the Task Force all agreed on any recommendations contained in this report.

The topics discussed in this report from the Task Force are limited to the study issues specifically named in H.F. 619, the Task Force's enabling legislation. These include methods to update the Sex Offender Registry; researching and recommending best practices for sex offender treatment; studying risk assessment tools; evaluating the impact of electronic monitoring; and evaluating the impact of the imposition of special sentences.

An issue of perhaps the greatest interest to most Task Force members that was not a part of their charge was a belief in the benefit of viewing Iowa's efforts to protect children from sex crimes with as comprehensive a platform as possible. It has been suggested that much more can be done to prevent child-victim sex crimes than would be accomplished by only concentrating on what to do with offenders *after* a crime has occurred. To prevent child victimization, H.F. 619 policy provisions rely largely on incapacitation and future deterrent effects of increased penalties, more restrictive supervision practices, and greater public awareness of the risk presented by a segment of Iowa's known sex offenders. For some offenders, these policies will no doubt prevent future sex crimes against children, and the Task Force has begun long-term studies to look for the desired results and for ways to improve such results through better supervision tools and more effective offender treatment.

Unfortunately, many of the effects from the new policies may primarily influence persons who have already committed sex offenses against minors and who have already been caught doing so. Task Force members discussed the need for a range of preventive efforts and a need to think about sex crimes against children from other than just a "reaction-to-the-offender" perspective.

While this topic is not addressed in the report that follows, it was suggested that some of the Task Force's discussions could be briefly shared through these opening comments.

Along with incapacitation and deterrence, comprehensive approaches to the prevention of child-victim sex crimes would also involve making sure parents have the tools they need to detect signs of adults with sex behavior problems, to both help teach their children about warning signs and to find the support they need for healthy parenting. School, faith-based and other community organizations might benefit from stronger supports and better tools they can use to more effectively promote positive youth development and the learning of respect for others, respect for boundaries, and healthy relationships.

All of us who have children, or who live in communities where there are children, need to understand the limitations of our justice system and the importance of our own ability to play a role in preventing sexual abuse and protecting children from sex offenders, who are often the child's own family members. Over 1,000 incidents of child sexual abuse are confirmed or founded each year in Iowa, and most such acts take place in the child's home or the residence of the caretaker of the child. Efforts to prevent child sexual abuse and to provide for early interventions with children and families at risk could be strategically examined and strengthened.

The Sex Offender Treatment and Supervision Task Force was established to provide assistance to the General Assembly. It will respond to legislative direction to adjust its future plans as laid out in this report. Its plans could be modified to broaden or narrow its scope or to assign different priority levels of effort to its current areas of study. Also, further Task Force considerations of the recommendations it has already submitted could be called for. In the meantime, it is hoped that the information and recommendations submitted through this report prove helpful.

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Introduction

Through the 2005 enactment of H.F. 619 (see *Appendix A – H.F. 619 Excerp*t), the Division of Criminal and Juvenile Justice Planning (CJJP) was required to establish a task force to study and make periodic recommendations for treating and supervising sex offenders in correctional institutions and in the community. H.F. 619 identified the following study issues to be addressed by this task force:

SEX OFFENDER TREATMENT AND SUPERVISION TASK FORCE STUDY ISSUES

- **effectiveness of electronic monitoring**
- **updating addresses of persons on the sex offender registry**
- **risk assessment models created for sex offenders**
- **best treatment options available for sex offenders**
- **effects and costs associated with the new ten-year or lifetime extended supervision sentence**

H.F. 619 required that membership of the task force (see *Appendix B – Task Force Membership Roster*) was to include members of the General Assembly selected by the Legislative Council and one representative from each of the following:

- Department of Transportation
- Iowa Civil Liberties Union
- Department of Human Services
- Department of Public Safety
- Iowa State Sheriffs and Deputies Association
- Iowa County Attorneys Association
- Department of Corrections
- Board of Parole
- A Judicial District Department of Correctional Services
- Department of Justice
- State Public Defender
- Iowa Coalition Against Sexual Assault

The Iowa Sex Offender Treatment and Supervision Task Force was first convened on September 14, 2005 and has met throughout the remainder of 2005 and through 2006. The Task Force established five work groups, one for each of the above listed study issues (see *Appendix C – List of Work Group Members*). Each work group provides input to CJJP as information about the issues is being collected and as recommendations and plans for ongoing Task Force activities are developed. Each section of this report was reviewed and approved by its respective work group for presentation to the Task Force.

The recommendations and plans identified in this report were approved by all but the legislative members of the Task Force. The four legislative members collectively chose not to approve or disapprove the content of this report because they wanted to have their colleagues in the General Assembly be assured that the input they receive from the Task Force is based on the knowledge, concerns, and experience of its members and not on partisan political positions or perspectives.

Included in this report are the Task Force's plans for ongoing studies which will help identify

additional recommendations for periodic submission to the General Assembly. The Task Force has begun its work on these plans to study sex offender risk assessments, evaluate the effect of electronic monitoring of sex offenders, and to assess the impact of Iowa's new special sentence for certain sex offenders. The outcome of this work and any resulting recommendations will be reported periodically in the months and years ahead.

Iowa Sex Offender Treatment and Supervision Task Force
January 15, 2007 Report to the Iowa General Assembly

Through the 2005 enactment of H.F. 619, the Division of Criminal and Juvenile Justice Planning (CJJP) was required to establish a task force to study and make periodic recommendations for treating and supervising sex offenders in correctional institutions and in the community. The task force was also required to develop a plan for certain improvements to Iowa's sex offender registry process. This report contains the second submission to the Legislature of the activities of the Iowa Sex Offender Treatment and Supervision Task Force (Task Force). It contains task force recommendations, progress to date on some of the specific mandates to the Task Force, and a description of the planned, ongoing work of the Task Force.

TASK FORCE RECOMMENDATIONS

1. **The General Assembly should charge the Task Force with examining all Iowa sex offender sentencing policies (and not limit it to a study of the new special sentence), including the short- and long-term impacts resulting from other H.F. 619 sentencing changes** (i.e. a new Class A felony for offenders convicted of subsequent sex offenses and an increased penalty -- from Class D to Class C -- for some convictions under Chapter 709.8, Lascivious Acts with a Child).

2. **Because the Task Force has been charged with examining a number of sex-offense related issues within the State's juvenile justice system, the General Assembly should revise its requirements for the makeup of the Task Force so that its membership includes a representative from the Judicial Branch's Juvenile Court Services offices.** The Task Force also encourages the General Assembly to consider the benefits of having its membership include representatives from the prevention field, municipal law enforcement, sex crime victims or their parents, and reformed sex offenders.

3. **To achieve a more comprehensive, ongoing review of Iowa sex offense policies, the General Assembly should broaden its charge to the Task Force to encourage it to study and make recommendations on sex offender-related policies and practices other than just the five study issues listed in H.F. 619** (examples of such additional issues include: prevention of sex crimes; sex crimes' effects on victims; investigating sex crimes; computer/internet-related sex crimes; sex offender supervision case management best practices; new technologies for sex offender-related law enforcement, supervision and treatment; residency or safe zone restrictions; and the above Recommendation #1).

The Task Force makes the following recommendations for the treatment of sex offenders in Iowa. These recommendations were developed after studying the current practices in Iowa and comparing them to research and best practices established in other areas of the country.

1. **Both individual practitioners who provide sex offender treatment and sex offender treatment programs should either be licensed or certified by the State in order to participate in State-ordered or reimbursed sex offender treatment.** This is especially critical for juveniles, as no provisions currently exist.

2. **Certification/licensure requirements should be based upon research and the adoption of recognized best practices.** As the field of sex offender treatment continues to be evaluated and treatment options adapted in response to new research, standards would need to be continuously updated.

3. **All treatment programs should be regularly evaluated to determine outcomes for individuals treated.** A mechanism to ensure evaluation, tied in some respect to certification or licensure, should be established.

4. **Additional funding should be provided to expand the number of options for juveniles, both at the community and residential level**. This population is the most likely to benefit from age-appropriate treatment, which should be available in the most supportive environments possible.

5. **An adult inpatient program that is more intensive than residential but is not tied to the prison system should be established and funded**.

6. **All approaches to the intervention and treatment of sex offenders should be based upon sound methodologies that work together to protect the safety of victims and the community**. Current non-treatment interventions such as the youthful offender program, 2000 foot residential laws, co-habitation restrictions, and sex offender registration (especially for juveniles) can have a strong impact on the availability and success of treatment and rehabilitation efforts. These interventions should be evaluated and modified to eliminate any ineffective and counter-productive measures.

The complete findings of the Work Group on Sex Offender Treatment follow the main body of this report.

SEX OFFENDER REGISTRY UPDATE

Charge: Develop a plan to integrate state government databases for the purpose of updating addresses of persons on the sex offender registry.

The Task Force recommended that two sets of activities be initiated to: 1) speed up the transmission of sex offender information from local law enforcement officials to the registry; and, 2) enhance the ability to assess the accuracy of the registry's offender address information.

1) The first recommendation was **that the Iowa Division of Criminal Investigation (DCI) establish a secure website for sheriffs to use to "post" sex offender information for the DCI to access and review.**

The DCI has procured the necessary software package to provide for a fully automated transmission capability. Therefore, this recommendation can be considered complete. The DCI should provide regular status reports to the Task Force on the effectiveness of this process.

2) **The Task Force recommended that selected state agencies regularly provide the DCI with information via batch file transfers. The recommended plan would provide the DCI**

with a limited amount of data about persons that are indicated as being on the registry. The plan recommended that the Department of Corrections (DOC) pilot this data exchange activity with the DCI, and that data exchanges between DCI and the Department of Transportation also commence, but only after a review of "lessons learned" from the exchange of data between DOC and DCI.

The State's Criminal Justice Information System (CJIS) Integration initiative is in the process of establishing the necessary hardware, software, and programming to provide for the real-time, electronic transmission of information within Iowa's justice community. During this implementation phase there will be ample opportunity to test and pilot the electronic exchange of information. This makes it unnecessary to proceed with recommendation # 2 since it would be a duplication of effort and an inefficient use of resources. The Task Force is requesting that the CJIS Governing Board consider the exchange between the DOC and the DCI as a priority in the next implementation phase.

ELECTRONIC MONITORING UPDATE

Charge: Study the effectiveness of electronic monitoring.

The Legislature appropriated funds in 2006 for the implementation of Global Position Satellite (GPS) monitoring of sex offenders. According to information from the Department of Corrections, GPS is being actively implemented. The following is a summary provided by the DOC to the Governor's office as of November 29, 2006:
*"The contract with the GPS provider (G4S) has been signed. New GPS equipment training for CBC staff started 11/13 and is wrapping up in some Districts; the statewide GPS operations center has been staffed and is operational, we sent staff to Texas and Tennessee to study how those states run their statewide GPS notification center; the vendor has been consulted about our approach to a statewide center and has approved our plan; each District has provided the statewide center with each counties [*sic*] plan for where we should direct the report of violation; there are statewide standards on how to report the violation back to the designated law enforcement operation; the 5th District has started hooking offenders up to the GPS system, other Districts will begin putting GPS bracelets on their offenders in the near future as any problems experienced by the 5th will be resolved over the next few days."*

The Task Force also approved a plan to evaluate the effectiveness of electronic monitoring (EM) on sex offenders. In order to evaluate the effectiveness of EM in Iowa, information about all sex offense charges and the persons charged and convicted of such charges is being collected. The collection of such data will provide a source of information which can also be analyzed to answer questions relating to offender characteristics, the types of EM utilized to monitor different type of offenders, compliance with EM restrictions, compliance with other terms of probation/parole, recidivism rates by type of offense, as well as other questions of interest.

This study of the recidivism of sex offenders in Iowa will comprised of two components. The first will involve those convicted sex offenders who were first releases from prison in 2001. It appears that none of these individuals underwent electronic monitoring after release from prison. The comparison group will be comprised of those convicted sex offenders who were first

releases from prison in 2005 or later, and upon release, were subjected to electronic monitoring. The study will compare the number of arrests and convictions, the number of sex offense arrests and convictions and the number of offenders returned to prison between the two groups.

The second component of the study will focus on those convicted sex offenders who did not go prison. The study group will consist of those individuals who were convicted of a sex offense in 2001 and were sentenced to some form of community-based supervision that did not include electronic monitoring. The comparison group will be comprised of individuals convicted of a sex offense in 2005, or later, and upon conviction were sentenced to some form of community supervision that included electronic monitoring. Again, the study will compare the number of arrests and convictions, the number of sex offense arrests and convictions and the number of offenders returned to prison between the two groups.

Data are being collected and analyzed for the first study group (first releases from prison, 2001). The study period commenced upon the individual's release from prison and continued until July 1, 2006, thereby providing a minimum study period of four and one-half years. Classical recidivism studies contain one or more of three indicators of recidivism: re-arrest, conviction for an offense, and return to prison. The CJJP study contains all three, and further, determines if the return to prison was for a technical violation or conviction of a new offense.

The following data should be considered <u>preliminary,</u> subject to future revision and thus are not for quotation or publication.

In 2001, there were 201 individuals who were first releases from Iowa prisons and returned to the community after being convicted of a sex offense. Between their date of release and July 1, 2006:

- 112 (55.7%) were re-arrested on one or more occasions
- 103 (51.2%) were convicted of an offense as a result of the arrest(s)
- 45 (22.4%) were returned to prison; 6 (13.3%) for technical violation and 39 (86.7%) after being convicted of a new offense
- 9 (4.5%) were arrested for a new sex offense

The data indicate that nine individuals were arrested a total of ten times for sex offenses after release from prison in 2001. Of those arrests, seven resulted in a conviction for a sex offense, one case was dismissed, the disposition of one case is unknown, and one case is still pending. It was also noted that 30% of the new sex offense arrests occurred in jurisdictions other than Iowa.

RISK ASSESSMENT UPDATE

Charge: The task force shall study risk assessment models created for sex offenders.

Validation Studies

Progress is being made in the proposed validation of all three sex offender risk assessment instruments currently in use in Iowa.

STATIC-99 and ISORRA-8 Risk Assessment

Validation of the STATIC-99 and the ISORRA-8 is scheduled to begin as soon as a sufficient number of assessments have been completed and enough time expired for recidivism to occur. It would appear that a sufficient number of assessments have been gathered and DOC is currently waiting for time to elapse before proceeding with the validation. Both instruments will continue to be used until validation efforts have been completed and analyzed.

Sex offender risk assessment quality assurance standards and processes have been put in place for the STATIC-99 and the ISORRA-8 and an audit officer has been trained in every judicial district. Quality assurance audits include initial review of at least 10 offender assessments per certified staff person with periodic reviews every six months. The Sixth Judicial District is in the process of reviewing audits completed by the audit officers. A systematic approach to audit reviews is being discussed.

JSORRAT-II Risk Assessment Validation

Plans are in place for Dr. Epperson to conduct a validation study of the JSORRAT-II risk assessment for juveniles. The chief judge in each district is being asked to sign a draft order to release files in each district to Dr. Epperson for the purpose of validation. Seven of the eight judges have agreed to sign this order and one judge has requested de-identification of files prior to review. No change in status has been reported since May 2006. Females are not expected to be included in the validation due to low numbers of female offenders.

Ongoing Research

No new risk assessment research has been brought to our attention since our May 2006 report. Dynamic factors continue to be a focus for researchers as a consideration when making decisions for treatment and supervision. Dynamic factors can be broken down into two groups: a) stable factors which might change over time; such as personality disorders, treatment, age effects, and b) acute factors which might change quickly, such as mood, intoxication, victim access. Dynamic factors are being tested with some success but not enough studies have been conducted to clearly identify which factors are the most predictive. Actuarial risk assessment scales are still considered the best tools available to assess risk for recidivism.

Iowa's Sixth Judicial District continues to be involved in a dynamic study with prominent researcher, Dr. Karl Hansen, who developed Stable and Acute scales in addition to the STATIC-99. Preliminary data indicate predictive accuracy and inter-rater reliability on these scales to be good. The Department of Corrections has recommended use of these instruments for day-to-day monitoring and treatment in community based corrections programs.

Research for female sex offenders continues to be lacking. Researchers Doren and Epperson suggested using a guided clinical assessment approach for females with the assumption that they are at low risk for recidivism.

Research on juveniles continues at a slow pace but interest has been shown in identifying factors specific to juveniles when assessing risk. Confirmation of the usefulness of the JSORRAT-II was received by researchers Doren and Hansen.

Community Communication and Education

The Division of Criminal Investigation has revised the Iowa Sex Offender Registry website to include language addressing the issue of risk assessments for clarification to the general public. The paragraph below is prominently displayed when viewing individuals on the site.

> "This information is being provided to the public pursuant to Chapter 692.13A(3),Code of Iowa, to protect members of the public from potential harm.
>
> Under Iowa Law, risk assessment results are posted on this site **ONLY** for persons registered as sex offenders for the first time on or after July 1, 2005, **AND** whose offenses were against minors.
>
> The assignment of a specific risk level or the fact that no risk assessment was conducted should not be considered a definitive indicator of whether a registrant will or will not commit another offense. **No risk assessment tool can predict human behavior with certainty.**
>
> Registrants are required by law to inform their local county sheriff of their current address. Be advised that the registrant has provided the address listed above. Registrants often move and fail to inform the proper authorities of their whereabouts."

Next Steps

The sex offender risk assessment workgroup will continue to

- Document and monitor the validation efforts currently in place;
- Track other risk assessments for data relevant to Iowa;
- Participate in relevant conferences/seminars and dialogue with researchers;
- Contact and engage in discussions with DPS, DOC and DHS regarding risk assessments;
- Review collection and analysis of sex offender case processing data by CJJP.

SPECIAL SENTENCE UPDATE

Charge: Study the potential effects and costs associated with the special sentence.

As of 9/30/06, 87 offenders had been committed to prison (either by direct court commitment or probation revocation) who were covered by the "special sentence" provisions of the 2005 Code. Nearly all of these were direct commitments to prison (only nine were probation revocations). During the most recent two quarters, about half the sex offenders committed to prison were sentenced under the 2005 Code provisions. This percentage will rise as time passes and more offenders are sentenced whose offense occurred on or after July 1, 2005.

The special sentence actually takes effect at the expiration of the original sentence, involving either 10-year or lifetime supervision (which may be shortened by the Board of Parole). CJJP estimates that the Department of Corrections will experience added caseloads due to the special sentence as shown below. The table includes both prison inmates and probationers:

Special Sentence Beginning Dates, Prison and Probation Admissions through 9/30/06

Calendar Year	Quarter 1	2	3	4	Total	Cumulative
2006	0	1	1	5	7	7
2007	2	4	5	10	21	28
2008	10	13	20	3	46	74
2009	1	4	4	0	9	83
2010	6	11	8	14	39	122
2011	14	10	7	1	32	154
2012	2	0	2	0	4	158
2013	0	0	2	0	2	160
2014	0	2	2	0	4	164
2015	2	0	0	0	2	166
2017	1	0	1	0	2	168
2018	1	0	1	0	2	170
2019	0	0	0	0	0	170
2025	1	0	0	0	1	171
2026	0	0	0	1	1	172
2027	0	1	0	4	5	177
2029	1	1	0	0	2	179
2048	0	2	0	0	2	181
Total	**41**	**49**	**53**	**38**	**181**	

Of these special sentences, 80 involve 10-year supervision; the remaining offenders will be supervised for life unless terminated by the Board of Parole. Additional offenders will be added to the list between 2006 and 2008 as additional serious misdemeanants complete jail sentences. Additional offenders will be added to the list between 2008 and 2010 as new Class D felons and misdemeanants are sentenced to prison, probation, and/or jail. Additional offenders will be added after 2010 as additional offenders are sentenced under any sex crime covered by the 2005 Code.

The long-term impact of the special sentence is considerable. CJJP estimates that about 3,600 offenders will be supervised under the special sentence by the end of state FY2016. CJJP's FY06 Prison Population Forecast suggests that 143 offenders will be in prison at the end of FY2016 as the result of special sentence revocations.

ONGOING WORKPLANS OF THE TASK FORCE

1) Monitor and report on the extent to which other sources are used to update the sex offender registry,

2) Monitor and make recommendations pertaining to the implementation of sex offender treatment in Iowa,

3) Encourage either the expansion of the Task Force's original charge or provide the latitude to undertake new initiatives based upon emerging sex offender issues, and

4) Continue to monitor the impact of the special sentence, risk assessment, and electronic monitoring.

SEX OFFENDER TREATMENT, FULL REPORT

This report is submitted to the Iowa Legislature in partial fulfillment of the request to the Sex Offender Task Force, as passed in H.F. 619, 2005. That request was for the Task Force to **"review this state's efforts, and the efforts of other states to implement treatment programs and make recommendations as to the best treatment options available for sex offenders."**

The Task Force established a work group to respond to the above mandate. The work group is composed of individuals from community-based corrections, institutional corrections, juvenile court, treatment providers, parole, and the Legislature. (Please see Attachment #1 for a complete roster of members of the work group.) The group has met for the past 1 ½ years and submitted its report to the Task Force. Following is the total content of that report.

Section 1 - Background

Society is rightly concerned with the appropriate apprehension and punishment of sex offenders. All states and the federal government have enacted specific legislation over the years dealing with sex offenses, offenders, and the punishment and treatment of these offenders.

It has been recognized that treatment is one approach to dealing with sex offenders to reduce recidivism. Studies have demonstrated that treatment is especially efficacious for juvenile sex offenders. In Iowa, there have been several laws passed addressing various approaches to the treatment of sex offenders. Although treatment had existed in some form or another, treatment became a codified and more "professional" option in the 1990s. In 1984, the sex offender treatment unit at the Mt. Pleasant Correctional facility was formally instituted for incarcerated sex offenders. In 1998, the Legislature authorized the civil commitment of sexually violent predators, and, under certain conditions, the provision of hormonal therapy.

In 2005 the Legislature mandated that incarcerated sex offenders receive and complete treatment in order to be eligible for "good time" reductions in sentences. In practice, however, the Iowa Board of Parole has been reluctant to grant early release to prisoners who had refused treatment. This practice led to situations where offenders expired their sentences and were released without both treatment and supervision in the community. The law did not require sex offender treatment for those offenders who receive probation, although the Department of Corrections does provide sex offender treatment for offenders who receive probation or suspended sentences. Based upon recent experience, about 45% of sex offenders receive probation or jail sentences, while the remainder are sentenced to prison.

The Code sections dealing with sexual offenders and their treatment generally apply only to those offenders convicted in adult court. Although some provisions of the sex offender statutes do apply to juveniles (such as registration on the Sex Offender Registry and residence restrictions upon turning 18 regardless of secondary school enrollment), the code does not directly address treatment and rehabilitation of juvenile offenders.

In 1991 the Iowa Board for the Treatment of Sex Abusers (IBTSA) was established as a non-profit corporation to provide the following:

(1) To develop open communication among professionals about the treatment of sex abusers;
(2) To enhance the quality of treatment by establishing standards for the treatment of sex abusers;
(3) To administer the certification process for sex offender treatment professionals in the State of Iowa which establishes minimum basic education and experience;
(4) To encourage individual professional development through provision and approval of educational and training programs and continuing education providers.

While IBTSA is not a state agency, and there are no Code provisions establishing authority for certification, the Iowa Department of Corrections has adopted IBTSA's standards through policy.

Sex Offenders in Iowa

During FY05 (July, 2004 through June, 2005), there were 524 adult offenders convicted of sex offenses and 120 juveniles adjudicated for sex offenses; during FY06 there were 494 adult offenders convicted of sex offenses, and 121 juveniles. Although this may look like a downward trend for adults, there has not been a discernable trend over the years. The number of sex offenders has remained fairly stable annually, with small changes between given years.

At the present time there are 6,109 individuals on the Sex Offender Registry (as of June 2006). It is not known how many of these individuals have completed sex offender treatment.

At the end of FY06 there were 1,211 offenders in Iowa prisons whose lead offense was a sex offense. In the community-based corrections system, at the end of the same time period, there were 472 offenders with a specialty status for sex offenses.

During FY06, 261 offenders entered prison with a lead sex offense. Of these, 229 (87.7%) had a relationship with their victims prior to the offense, while only 6 (2%) had victims who were strangers. In the remaining cases, the relationship to the victim is unknown or not recorded.

The fact that most abuse occurred within established relationships is supported by national findings as well. The Association for the Treatment of Sex Abusers (ATSA), a national organization dedicated to research, treatment and community safety, has stated in press releases that the vast majority of sexually abused children (80-90%) are abused by family members, close friends, or acquaintances.

Methodology

The Sex Offender Treatment Workgroup used the following processes in the development of this report.

1) The members conducted a literature review, focusing on research for both juvenile and adult sex offenders. Recent research, defined as being published since 2000, was the priority. A partial bibliography is attached to this report as Attachment #2.

2) Standards were gathered from national or state experts for the comparison to Iowa practices.

The workgroup chose to use the standards developed by the Association for the Treatment of Sex Abusers for adults and the standards used by the State of Colorado for juveniles. There were no specific standards identified for the treatment of female sex offenders.

3) A questionnaire was sent to all known sex offender treatment providers to collect information on current practices in Iowa. The list was composed of the providers known to provide treatment to individuals who are in the correctional system, both adult and juvenile. Thirty-four questionnaires were mailed; the response rate was 50%. (Please see Attachment #3 for a copy of the questionnaire and detailed responses.)

4) Information was gathered on the known practices of other states, particularly in the area of provider licensure or certification.

These four sources were used to develop the comparisons provided in the next section of the report, as well as the recommendations provided in the final section of this report.

Section 2 – Findings

Legal or Policy Requirements

Although Iowa Code requires adult sex offenders in prison to receive treatment in order to be eligible for "good time" reductions of sentence, the Code does not have any language that speaks to standards or requirements of treatment practitioners or treatment content. Ten states have formal certification of sex offender treatment practitioners. In Iowa, certification of sex offender treatment practitioners is available through a private, non-profit corporation, the Iowa Board for the Treatment of Sexual Abusers, but there is no State-authorized licensure or certification of practitioners or programs.

There are no Code requirements for the treatment of juvenile sex offenders, although they are required to register and are subject to residency restrictions once they turn 18 years of age. Research has demonstrated that this group of offenders is the most likely to benefit from treatment.

The Iowa Department of Corrections has a policy on sex offender treatment that covers both institutionalized and community-based offenders. This policy requires that all sex offender treatment providers meet the standards adopted by the Iowa Board for the Treatment of Sexual Abusers (IBTSA). There is no State requirement for licensing or certifying sex offender treatment programs, or an "official" mechanism to evaluate program effectiveness. IBTSA does not currently perform on-site reviews of programs or offer certification of programs, although it has provided this service in the past.

With the exception of the State Training School in Eldora, sex offender treatment for juvenile offenders is provided through private providers with purchase-of-service contracts with the Department of Human Services. There are no written policies governing the selection of providers for juvenile offenders, and no specific requirements for sex offender treatment providers to meet. Juvenile court officers select treatment providers from the list of approved

providers. The State Training School also does not have specific requirements for staff to provide sex offender treatment that differ from other treatment providers within the institution. As with adults, there is no mechanism to certify, license, or evaluate sex offender treatment programs other than the requirements for any other treatment program.

Below is a chart that briefly outlines the standards as adopted by ATSA and the State of Colorado, and those that exist in Iowa. Significantly more detail is provided in the official documents of these entities. The Iowa standards for adult male treatment are those of the Iowa Board for the Treatment of Sexual Abusers, which have been adopted by the Department of Corrections by policy. Iowa has no standards for juveniles, so that column remains blank. This is not to imply that the treatment provided by providers to juveniles is of less quality; this simply demonstrates that Iowa has no formal mechanism to evaluate the training and education of practitioners, or the content of the treatment program.

ATSA-Adult Male	**Iowa Adult Male**	**Colorado-Juvenile**	**Iowa Juvenile**
Professional standards		**Professional standards**	
Does not replace professional licensure according to any state's requirements	Silent on any requirement for professional licensure for counseling professions	Licensure as a recognized therapeutic professional	Licensure as a recognized therapeutic professional is implied in DHS contracting requirements
Clinical member-Graduate degree	SOTP II-graduate degree or additional experience	1000 hours of supervised clinical experience	
Any secondary level must be supervised	SOTP I – bachelor degree	80 hours of training, with a significant number of hours on juvenile-specific treatment issues	
2000 hours supervised clinical contact	SOTP II-1000 hours, combination training and experience	Continuing clinical experience	
Specific education, training and experience	SOTP I – 150 hours training and experience		
Continuing education	Continuing education	Continuing education	
Specific ethical standards	Specific ethical standards	Specific ethical standards	

Program Requirements (treatment)		Program Requirements (treatment)	
ATSA-Adult Male	**Iowa Adult Male**	**Colorado-Juvenile**	**Iowa Juvenile**
Assessment requires use of multiple tools, including some of the following:	***Assessment requires use of multiple tools, including some of the following:***	***Assessment requires use of multiple tools, including some of the following:***	
Sexual history	Sexual history	Cognitive functioning	
Psychometric testing	Social competence	Personality & mental health	
Risk assessment	Risk assessment	Social & developmental history	
Physiological evaluation	Physiological evaluation	Developmental competence	
Substance use	Personality assessment	Current functioning/self & family	
Medical & mental health	Biological factors	Sexual functioning	
Criminal history		Delinquency & conduct problems	
		Risk assessment	
		Amenability to treatment	
Treatment includes the following components:	***Treatment includes the following components:***	***Treatment includes the following components:***	
Relapse prevention	Relapse prevention	Relapse prevention	
Cognitive restructuring	Cognitive restructuring	Cognitive restructuring	
Victim Empathy enhancement	Victim Empathy enhancement	Victim Empathy enhancement	
Interpersonal skills	Interpersonal skills	Interpersonal skills	
Emotional management	Treatment readiness	Emotional management	
Sexual arousal control	Sexual arousal control	Sexual arousal control	
Family and social support networks	Sexuality	Family and social support networks	
Generalization		Sexuality	
Continuing Care	Continuing Care	Continuing care	

ATSA-Adult Male	Iowa Adult Male	Colorado-Juvenile	Iowa Juvenile
Emphasis on safety for victims	Emphasis on safety for victims	Family dysfunction, including abuse	
		Restitution	
Individual counseling	Individual counseling	Individual counseling	
Group counseling	Group counseling	Group counseling	

In reviewing the results of the survey, several issues were identified:

- There is no uniform policy for specific training or supervised clinical experience for juveniles.

- There are very limited opportunities for community-based treatment for juvenile offenders except in a couple of larger communities.

- Adults in the correctional system have no intensive treatment options except through incarceration. There are no in-patient treatment programs for sex offenders.

- Evaluation of programs or providers that is based upon review of protocols and client outcomes is not a routine part of sex offender treatment.

Section 3 – Recommendations

1. **Both individual practitioners that provide sex offender treatment and sex offender treatment programs should either be licensed or certified by the State in order to participate in State-ordered or reimbursed sex offender treatment.** This is especially critical for juveniles as no provisions currently exist.

2. **Certification/licensure requirements should be based upon research and the adoption of recognized best practices.** As the field of sex offender treatment continues to be evaluated and treatment options adapted in response to new research, standards would need to be continuously updated.

3. **All treatment programs should be regularly evaluated to determine outcomes for individuals treated.** A mechanism to ensure evaluation, tied in some respect to certification or licensure, should be established.

4. **Additional funding should be provided to expand the number of options for juveniles, both at the community and residential level**. This population is the most likely to benefit from age-appropriate treatment, which should be available in the most supportive environments possible.

5. **An adult inpatient program that is more intensive than residential but is not tied to the**

prison system should be established and funded.

6. **All approaches to the intervention and treatment of sex offenders should be based upon sound methodologies that work together to protect the safety of victims and the community**. Current non-treatment interventions such as the youthful offender program, 2000 foot residential laws, co-habitation restrictions, and sex offender registration (especially for juveniles) can have a strong impact on the availability and success of treatment and rehabilitation efforts. These interventions should be evaluated and modified to eliminate any ineffective and counter-productive measures.

APPENDIX 1

Treatment Work Group Participants

Karen Muelhaupt, BOP

Jason Smith, DHS

Victory Peterson (DOC/CBC)

Sally Kreamer (DOC/CBC)

Gail Huckins (DOC/CBC)

Patty Smilanich (DOC/CBC)

Mia Gehringer (JCO)

Martin Apelt (JCO)

Beth Barnhill, ICASA

Randall Wilson (ACLU of Iowa)

Rep. Kurt Swaim

APPENDIX 2

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APPENDIX 3

Sex Offender Treatment Programs/Providers
Survey

Agency name:_____

Program name:_____

1. Treatment setting
☐ Incarceration ☐ Residential ☐ Community-based (outpatient) ☐ No longer provide

2. Treatment Population, Gender (Check all that apply)

☐ Male ☐ Female

3. Treatment Population, Age (Check all that apply)
☐ 11-13
☐ 14-15
☐ 16-18
☐ 19-21
☐ 22 and over

4. Treatment modalities
☐ Individual
☐ Group
☐ Family

4 (a). If Group treatment is provided, what is the average size of a group?_____
What is the average staff to client ratio in group?_____

5. What are your minimum qualifications (education and experience) for staff to provide the following services? If you don't provide a service, please indicate that in the first column.

	Education					Training/Experience			
	H.S.	A.A.	B.A.	M.A.	Ph.D.	SOTP1	SOTP2	ATSA	# yrs SO experience
Psycho-education									
Individual therapy									
Group therapy leader									
Assessment or evaluation									
Physiological assessment									

6. Which assessment tools do you use? Check all that apply.

INSTRUMENT NAME	
Abel & Becker Cognition Scale	☐
Adkerson Information and Beliefs Questionnaire for Parents	☐
Adkerson Partner Information and Beliefs Questionnaire	☐
Adolescent Sexual Interest Card Sort	☐
Beck Depression Inventory – II	☐
Bumby Rape and Molest Scales	☐
Buss-Perry Aggression Questionnaire	☐
Child Behavior Checklist	☐
Child Sexual Behavior Inventory	☐
Clarke Sexual History Questionnaire	☐
Derogatis Sexual Functioning Inventory	☐
Hare Psychopathy Checklist – Revised	☐
Interpersonal Reactivity Index	☐
ISORRA-8	☐
Jesness Inventory	☐
J-SORRAT	☐
Juvenile Sexual Offense Assessment Protocol	☐
Level of Supervision Inventory – Revised	☐
Million Adolescent Personality Inventory	☐
Million Adolescent Clinical Inventory	☐
Million Clinical Multiaxial Inventory III	☐
Minnesota Multiphasic Personality Inventory	☐
Minnesota Multiphasic Personality Inventory – Adolescents	☐
Minnesota Sex Offender Screening Tool – Revised	☐
Multiphasic Sex Inventory II	☐
Multiphasic Sex Inventory – adolescent male version	☐
Multiphasic Sex Inventory – Female version (experimental)	☐
Paulhus Deception Scales	☐
Personal Sentence Completion Inventory	☐
Personality Assessment Inventory	☐
Piers-Harris Children's Self-Concept Scale	☐
Polygraph	☐
Plethysmograph	☐

Rape Myth Acceptance Scale	☐
Rapid Risk Assessment of Sex Offender Recidivism	☐
Sex Offender Need Assessment Rating	☐
Sex Offender Risk Appraisal Guide	☐
Sexual Interest Card Sort	☐
Static-99	☐
Substance Abuse Subtle Screening Inventory	☐
Violence Risk Appraisal Guide	☐
Other (please specify) _____	☐

7. Which of the following are included in your program as primary components of treatment?

Treatment responsivity ☐
Victim awareness/empathy enhancement ☐
Cognitive restructuring ☐
Managing deviant sexual arousal ☐
Relapse prevention ☐
Healthy human sexuality ☐
Relationship and interpersonal skills ☐
Continuing care ☐
Pharmacology ☐
Arousal conditioning ☐
Polygraph ☐
Other _____ ☐

8. What is the frequency and length of treatment sessions?

	Frequency (X per)	Length	Dosage (risk-based)
Individual			
Group			
Family			

9. How do you determine client progress?

Assignment completion ☐
Time-based ☐
Behavioral (goal based) ☐
Assessment ☐
Other _____ ☐

10. How is program completion determined?

Length of time ☐
Maximum benefits ☐
Staff assessment ☐
Completion of goals ☐
Loss of jurisdiction ☐

11. What is the average length of treatment? _____

12. How is aftercare or on-going support provided?

Don't provide it ☐
Through referral ☐
Available in program ☐

13. Is this program certified by any accreditation agency or group?

No ☐
Yes ☐

13 (a). If Yes, which one(s)?

☐ NAPN ☐ IBTSA-SOTP ☐ ATSA ☐ACA ☐ JACHO ☐ Other _____

14. Has this program received or participated in any of the following evaluations?

Process Yes ☐ No ☐
Short-term performance Yes ☐ No ☐
Long-term outcomes Yes ☐ No ☐

14a. If yes, by whom? _____

15. The committee has identified some emerging issues that may have an impact on treatment? How important do you think these issues are for your program?

	Very Important	Important	Somewhat important	Not at all important	Doesn't apply
Bi-lingual services	1	2	3	4	5
Special needs populations	1	2	3	4	5
Individualized treatment	1	2	3	4	5
Integration with community	1	2	3	4	5

15.a. If you had to choose one of these to focus state resources on, which one would it be?

Bi-lingual Special needs Individual treatment Integration

16. Please provide us with other issues that you feel are important to the treatment of sex offenders in Iowa.

17. Please feel free to use the space below to provide us with any suggestions you may have about improving the sex offender treatment system in Iowa. And thank you again for your assistance.

Phyllis Blood, MPA
Division of Criminal & Juvenile Justice Planning, Department of Human Rights
Lucas State Office Building
Des Moines, IA 50319
e-mail for Word attachment: Phyllis.Blood@iowa.gov

APPENDIX 4

Survey Results

Below are summary statements from the Sex Offender Treatment Provider Survey mailed out on behalf of the workgroup.

Response Rate: Mailed 34 questionnaires to both Corrections and private providers. Received responses from 17, with some providing information on multiple programs. (Therefore, some response counts could be larger than 17.) Nine of the responses were from private providers, 3 from institutional programs, and the remainder from CBCs. The overall response rate was 50%.

The remainder of the data provided is from the surveys completed, and do not represent the entire universe of treatment programs in Iowa.

Treatment setting: 5 programs were for incarcerated offenders, 6 residential programs, and 13 community-based (outpatient).

Treatment Population/Gender: 17 reported having programming for males and 8 for females.

Treatment Population/Age:	11-13	8
	12-15	9
	16-18	16
	19-21	13
	22+	13

There is significant blurring of treatment provider options for the age group 16-18. Although juvenile providers clearly chose this as one of the age categories, so did several of the programs that deal only with adults. The number of juvenile providers is closer to 9 than 16.

Treatment Modalities:	Individual	16
	Group	15
	Family	8

Group Size: The average group size and ratio was 1:6, although the modal response was 1:5.

Minimum Qualifications: This question appeared to be answered more from what qualifications current staff have than from what would be required for new hires. This of course was most obvious for the private providers, some of whom are in solo practice. There did seem to be differences between juvenile treatment providers and adult treatment providers. Most of the adults are served through Corrections or the institutions, so the staff have SOTP training. Juvenile providers did not report such training or endorsement, except for one private provider with ATSA endorsement. Of particular note is that the Training School does not require any educational level or SOTP training for its program.

Assessment Tools: There is a wide variation in the assessment tools used. Most common were

those used by Department of Corrections staff, as those are a part of a uniform policy. These include ISORRA-8, Static 99 and the J-SORRAT for juveniles. Also common were the Beck Depression Inventory – II, Level of Supervision Inventory – Revised, Minnesota Multiphasic Personality Inventory, Multiphasic Sex Inventory II, and polygraphs. For adolescents, tools mentioned included the Million Adolescent Personality Inventory, the MMPI for adolescents and Juvenile Sexual Offense Assessment Protocol.

Components of Treatment:

Treatment responsivity	13
Victim awareness/empathy enhancement	16
Cognitive restructuring	17
Managing deviant sexual arousal	15
Relapse prevention	17
Healthy human sexuality	14
Relationship and interpersonal skills	15
Continuing care	11
Pharmacology	3
Arousal conditioning	4
Polygraph	10
Other _Healthy Boundaries, PPG_____	2

Frequency and Length of Treatment Sessions: For outpatient programs, the norm was 1 hour sessions, once a week, both for individual and group sessions. Family sessions were more infrequent where provided, with no norm. Incarcerated and residential programs were more intense and varied more among providers, based upon offender type.

Client Progress: All providers reported using several ways to determine client progress. All reported using assignment completion and behavioral (goal-based). Six reported using time, 10 reported using assessment and 2 reported using observation.

Program Completion: All programs reported using completion of goals as one criterion for completion. The other choices were reported as follows:

Length of time	6
Maximum benefits	9
Staff assessment	14
Loss of jurisdiction	3

Average length of treatment: The range was from 1 year to 2 years for most respondents.

Aftercare: The outpatient-based programs almost uniformly provide aftercare through their own program. Two respondents reported not providing aftercare, and 3 reported providing it through referral.

Certification/Accreditation: Nine providers/programs reported being certified by an accreditation agency or group—6 by IBTSA-SOTP, 2 by JACHO and 1 by CPAI. Note that IBTSA does not certify or accredit programs, just individual providers at the current time.

Evaluation: Three providers reported participating in some sort of evaluation, 2 by IBTSA and one internal process evaluation. The remainder have not participated in any evaluation.

Emerging Issues:

	Very Important	Important	Somewhat important	Not at all important	Doesn't apply
Bi-lingual services	3	2	8	3	1
Special needs populations	7	7	3		
Individualized treatment	10	4	3		
Integration with community	11	5	1		

Interestingly enough, when asked to select the one to focus resources on, 8 respondents chose "special needs" and 7 chose "integration with community." Only 2 chose "individualized treatment." The choices also varied by provider type. Juvenile and incarceration providers tended to pick "integration" while outpatient, especially corrections-based, thought "special needs" ranked the highest.

Suggestions: Following are some of the verbatim written responses to the question about issues of importance to the treatment of sexual offenders in Iowa.

"The laws which place adolescents on the Registry prior to treatment are very counter-productive. They force defense attorneys to take every case to trial which traumatizes victims, derails treatments and puts many impulsive, immature kids on the registry inappropriately. Non-admitting offenders should be force into a deniers group for 6 months. Then if still denying, incarceration."

"Need to focus services on highest risk populations."
"Better understanding of general population about sexual offenders and degree of offense. More understanding from legislature."

"In addition to the above four areas, which are all important to sex offender treatment, I would add family/supportive persons being included in the treatment process by increasing the availability of family therapy or family groups. Also increasing the availability of special mental health care such as improved access to necessary medications would be very helpful. Increasing access to hormonal therapy interventions would also benefit the treatment of sex offenders in Iowa."

"Issues with juveniles on the sex offender registry. Juveniles who need transition programming because of family home/foster home not available.

"Coordination with juveniles who leave residential (inpatient) treatment with after care services as continuation of care."

"1. Some additional funding be available for treatment for offenders who have just turned 18, aged out of the system."

"2. Treatment ok parents in individual and group therapy to keep them involved in the treatment process."

"Prefer adjudication for delinquency instead of informal adjustments (Waive and defer) or consent decrees to improve level of accountability by juvenile and family members for treatment."

"The continual need for community services upon leaving/completion of program is of the utmost concern to me. Relapse is almost imminent if clients feel there is no support and most don't have any in their lives that are aware of specific history of clients. Consequently those with necessary tools to change find that no one cares until they are caught and the cycle continues."

"Continual awareness that breaking/treating the cycle of abuse takes time and moving clients around before they reach maximum benefit provides a disservice to the client as well as the community as therapeutic relationships with staff are usually the only positive associations in their lives. The clients, as do most people, react to situations through learned behavior and if we want them to change it will take time."

"-Elimination of 2,000 ft residency restriction
- Elimination of the requirement that all offenders be on EMS
- Elimination of mandatory minimum sentencing—applied too broadly.
- Funding for assessments"

"Increased communication among providers."

"Address the 2000 foot law. It is a hindrance to the treatment process."
"Electronic monitoring as it established now is not consistent with managing offenders in accordance with best practices."

APPENDICES

Appendix A – Iowa Sex Offender Treatment and Supervision Task Force Enabling Legislation

Appendix B – Iowa Sex Offender Treatment and Supervision Task Force Members

Appendix C – Iowa Sex Offender Treatment and Supervision Task Force Work Group Members

Appendix A

Excerpt from H.F. 619, 2005 Regular Session of the Eighty-first General Assembly:

DIVISION V
TASK FORCE

Sec. 52. SEX OFFENDER TREATMENT AND SUPERVISION TASK FORCE.

1. The division of criminal and juvenile justice planning shall establish a task force to study and make periodic recommendations for treating and supervising sex offenders in correctional institutions and in the community. The task force shall file a report with recommendations with the general assembly by January 15, 2006. The task force shall study the effectiveness of electronic monitoring and the potential effects and costs associated with the special sentence created in this Act. The task force shall study risk assessment models created for sex offenders. The task force shall also review this state's efforts and the efforts of other states to implement treatment programs and make recommendations as to the best treatment options available for sex offenders. The task force shall also develop a plan to integrate state government databases for the purpose of updating addresses of persons on the sex offender registry.

2. Members of the task force shall include members of the general assembly selected by the legislative council and representatives of the following:

a. One representative from the state department of transportation.

b. One representative of the Iowa civil liberties union.

c. One representative of the department of human services.

d. One representative of the department of public safety.

e. One representative of the Iowa state sheriffs and deputies association.

f. One representative of the Iowa county attorneys association.

g. One representative of the department of corrections.

h. One representative of the board of parole.

i. One representative of a judicial district department of correctional services.

j. One representative of the department of justice.

k. One representative of the state public defender.

l. One representative of the Iowa coalition against sexual assault.

Appendix B

Iowa Sex Offender Treatment and Supervision Task Force Members

Senator Jeff Angelo	Iowa Senate
Senator Keith Kreiman	Iowa Senate
Representative Joseph Hutter	Iowa House of Representatives
Representative Kurt Swaim	Iowa House of Representatives
Tina Hargis	Iowa Department of Transportation
Ben Stone	Iowa Civil Liberties Union
Jason Smith	Iowa Department of Human Services
Steven Conlon	Iowa Department of Public Safety
Mary Beth Overton	Iowa State Sheriffs and Deputies Association
Tom Ferguson	Iowa County Attorneys Association
Jeanette Bucklew	Iowa Department of Corrections
Karen Muelhaupt	Iowa Board of Parole
Cindy Engler	6th Judicial District Department of Correctional Services
Doug Marek	Iowa Department of Justice
Mark Smith	Iowa State Public Defender
Beth Barnhill	Iowa Coalition Against Sexual Assault

Note: Marilyn Lantz, Chief Juvenile Court Officer for the Fifth Judicial District, was an invited participant in Task Force meetings representing the Chief Juvenile Court Officers of the Iowa Judicial Branch.

Appendix C

Iowa Sex Offender Treatment and Supervision Task Force Study Issue Workgroup Participants

Electronic Monitoring
Forrest Guddall, Department of Justice
Ben Stone, Iowa Civil Liberties Union
Lois Osborn, Community-based Corrections
Anne Brown Department of Corrections
Steve Naeve, Community-based Corrections
Bob Morck, Community-based Corrections
Zack Nelson, Juvenile Court Services
George Story, Juvenile Court Services

Registry Address Updating
Tom Ferguson, Black Hawk County Attorney
Mary Tabor, Department of Justice
Jeri Allen, Community-based Corrections
Ben Stone, Iowa Civil Liberties Union
Lettie Prell, Department of Corrections
Steven Conlon, Department of Public Safety
Tina Hargis, Department of Transportation

Special Sentence
Tom Ferguson, Black Hawk County Attorney
Karen Muelhaupt, Board of Parole
Brian Meyer, Department of Justice
Laura Straight, Community-based Corrections
Kurt Swaim, Iowa General Assembly
Jeanette Bucklew, Department of Corrections
Mark Smith, Public Defenders Office
Beth Barnhill, Iowa Coalition Against Sexual Assault
Marty Ryan, Iowa Civil Liberties Union

Sex Offender Treatment
Karen Muelhaupt, Board of Parole
Jason Smith, Department of Human Services
Kurt Swaim, Iowa General Assembly
Victory Peterson, Community-based Corrections
Sally Kreamer, Community-based Corrections
Gail Huckins, Community-based Corrections
Patty Smilanich, Community-based Corrections
Mia Gehringer, Juvenile Court Services
Martin Apelt, Juvenile Court Services
Beth Barnhill, Iowa Coalition Against Sexual Assault,
Randall Wilson, Iowa Civil Liberties Union

Risk Assessments
Jason Smith, Department of Human Services
Randy Cole, Community-based Corrections
Anne Brown, Department of Corrections
Michelle Shepherd, Community-based Corrections
Randall Wilson, Iowa Civil Liberties Union
Lloyd Smith, Juvenile Court Services
Tim Wilaby, Juvenile Court Services
Steven Conlon, Department of Public Safety

Note: Each Task Force member has the option of participating on any of the above study issue workgroups and/or identifying other representatives of their organization to be participants. Participants from the Judicial Districts' Juvenile Court Services Offices were recommended by the state's Chief Juvenile Court Officers.